

THE TEACHING HOSPITAL



Beth Israel Hospital Boston

REPORT 1989-1990

INTRODUCTION



MITCHELL T. RABKIN, MD

DAVID DOLINS

The mission of a teaching hospital can be viewed in terms of three distinguishing imperatives: patient care; education of the finest caregivers of tomorrow; and leading-edge biomedical research. "Our ultimate goal," says Dr. Mitchell T. Rabkin, president of Beth Israel Hospital, "is to provide the best possible care in an environment that is strengthened and enriched by a commitment to constant learning."

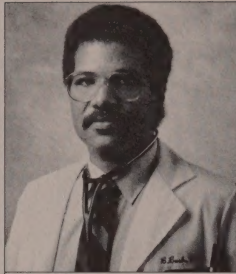
More than 675 interns, residents, and postgraduate fellows receive training at Beth Israel each year in medicine, surgery, pathology, and other medical specialties. "In addition to educating new physicians," says David Dolins, executive vice president and director, "nearly 1,200 students are trained in health professions ranging from nursing and social work to physical, respiratory, and occupational therapy. Dietetic interns, students in pharmacy, medical technology, and radiologic technology also receive part of their clinical education at Beth Israel."

A long and valued relationship exists between Beth Israel and Harvard Medical School. Affiliated with Harvard since 1928, the hospital's medical staff currently provides more than 20 per cent of the clinical instruction at the medical school. There are 15 professorial Harvard Chairs at Beth Israel, and all chiefs of service and virtually all staff physicians hold joint appointments at the hospital and at Harvard.

The following pages describe the unique qualities that characterize this teaching hospital — the art of caring, the science of learning, the discipline of research, and the management of the resources that keep these wheels turning.

PATIENT CARE

When Dr. Booker Bush, director of medical education and a faculty physician in Beth Israel's Healthcare Associates, first arrived at the hospital on a fellowship, one of his earliest experiences was covering the Morse Cardiac Care Unit (CCU). "It was 2 am, and there were two patients who were stable enough to be transferred out of intensive care. This was the protocol at other places I'd practiced. But a nurse quickly informed me that if a patient arrived in the emergency unit and a CCU bed was needed, then we'd move the patients. Otherwise, we wouldn't disturb them at two in the morning."



BOOKER BUSH, MD

Patients and physicians choose Beth Israel not only for its humaneness but for its clinical excellence. As a major teaching hospital of Harvard Medical School, Beth Israel provides the most technologically advanced care available. What makes Beth Israel stand out from other academic medical institutions is its commitment to treating patients as whole persons — not simply clusters of symptoms.

Exceptional Commitment

Taking exceptional care of patients requires an exceptional commitment, one illustrated in Beth Israel's "Statement on the Rights of Patients." In 1972, Beth Israel was the first hospital in the nation to publish a document that states that patients have the right to be accorded full dignity, confidentiality, and access to information about their cases. At the heart of this is an ethical concept of the individual, who retains full rights and dignity, whatever the physical or mental state.

While physicians and nurses see to the day-to-day medical care of patients, social workers help patients and families adjust to hospitalization and illness. A security guard helps an elderly person out of his car. Environmental services employees keep the hospital clean. "Despite all the technology within this hospital, we never lose sight of the fact that the essence of professionalism is to act in the best interest of the client," says Malcolm S. Weiner, vice president for clinical and

BRENDA ANDREWS
NUTRITION ASSISTANT

"I'VE BEEN HERE FOR 27 YEARS. THE PATIENT HAS ALWAYS COME FIRST. I TRY TO HELP PATIENTS STOP THINKING ABOUT THEIR ILLNESSES FOR A WHILE — I TRY TO MAKE THEM SMILE."

LILIA TAYAG
REGISTRATION ASSISTANT

"WE ARE A CLOSE-KNIT FAMILY AT BETH ISRAEL. I'M THE FIRST PERSON THAT MANY OF OUR AMBULATORY PATIENTS SEE. WHEN THEY REGISTER WITH ME, I TRY TO MAKE THEM FEEL AT EASE."

WILLIAM GOLOD
BETH ISRAEL PATIENT

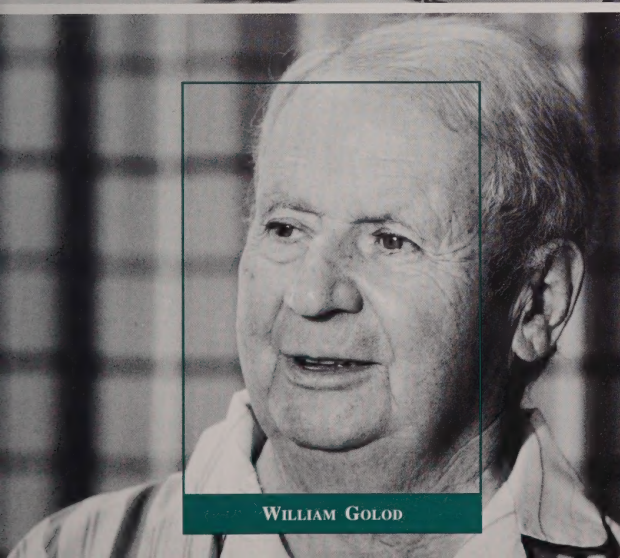
"I'M SO GLAD THAT MY SURGERY WAS DONE AT BETH ISRAEL. I WAS SICK FOR YEARS . . . NOW I FEEL LIKE A YOUNG PERSON AGAIN."



BRENDA ANDREWS



LILIA TAYAG



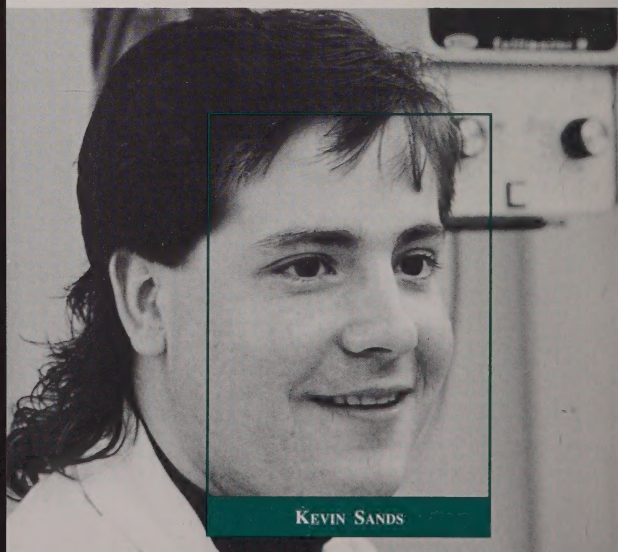
WILLIAM GOLOD



KATIE GRIFFIN



LISA MATHIEU



KEVIN SANDS

KATIE GRIFFIN

PATIENT ACCOUNTS BILLING SUPERVISOR

"MY JOB IS SPECIAL BECAUSE WHEN I STARTED HERE 17 YEARS AGO, I HAD AN ENTRY LEVEL POSITION. BETH ISRAEL HAS GIVEN ME THE OPPORTUNITY TO GROW AND ADVANCE PROFESSIONALLY — NOW I'M A SUPERVISOR. ONE OF THE BEST THINGS ABOUT BEING HERE IS THE TEAM EFFORT."

LISA MATHIEU

BETH ISRAEL PATIENT

"EVERYONE INVOLVED IN MY CARE REALLY WORKED AS A TEAM — MY SURGEON, THE DOCTORS, MY NURSE, AND THE OTHER NURSES. I HAD A DIFFICULT SURGERY. THEY KEPT ME INFORMED EACH STEP OF THE WAY SO THAT I NEVER FELT UNCERTAIN ABOUT MY RECOVERY."

KEVIN SANDS

RADIOLOGICAL TECHNOLOGIST

"I WAS A STUDENT INTERN AT BETH ISRAEL. WHEN I WAS TRAINING, MY CLINICAL INSTRUCTOR WANTED US TO UNDERSTAND THAT WE ARE HERE FOR THE OVERALL BENEFIT OF OUR PATIENTS. I SEE THIS FOR MYSELF AND TRY TO SHARE THIS PHILOSOPHY WITH OTHERS."

support services. "Here, our patients are our clients. Anything you can do for the patient — whether it be providing the most technologically advanced medical care or making sure that hot meals are delivered on time — must be done."

"There is a concerted effort among people to treat each other well here," observes Dr. Edward Lowenstein, anesthesiologist-in-chief. "The harmonious collaboration is quite striking and very dramatic to me."

RX=RN / RN=RX

Primary nursing at Beth Israel, instituted in 1975, established the nurse as the fundamental professional in the hospital care of patients. "Nurses are the anchor that ensures that patient care remains central," says Joyce C. Clifford, RN, MSN, FAAN, vice president for nursing and nurse-in-chief. "They bring a professional continuity to caring because of their clinical knowledge combined with their relationship with the patient, family, and with other health professionals."



JOYCE C. CLIFFORD, RN, MSN

The success of primary nursing at Beth Israel has attracted worldwide attention. *Advancing Professional Nursing Practice: Innovations at Boston's Beth Israel Hospital*, edited by Clifford and by Kathy Horvath, RN, MS, director of Beth Israel's Center for the Advancement of Nursing Practice, was written by members of Beth Israel's staff to share the hospital's experience in developing this model of nursing.

Research in Caring

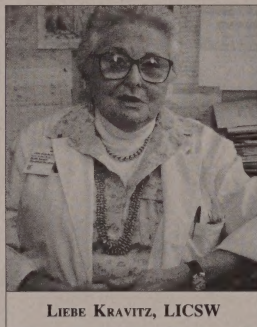
Dr. Thomas Delbanco, director of the division of general medicine and primary care, leads the Picker/Commonwealth Patient-Centered Care Program, a nationwide study that evaluates how patients and their family members perceive the care that they receive during hospitalization. "We are concerned with the patient's perspective," says Delbanco. "Are they involved in decision-making around their care? Are family members informed and involved? How are physical care and pain managed during hospitalization?"

The goal of the program is to identify hospitals that practice patient-centered care, and to promote those dimensions of hospital care that improve quality from the patient's perspective.

Learning about Caring

Learning to be a doctor, whether the specialty is ambulatory medicine or surgery, focuses on working with the patient as a whole person. Caring for the patient's emotional needs while treating physical illness or injury is the subject of a course designed by Beth Israel's chief social worker for inpatient medicine, Liebe Kravitz, LICSW, BCD. The Social Environment of Illness, developed in conjunction with Harvard Medical School's Division on Aging and funded by the Hartford Foundation, is an eight-week work study program for first-year medical students.

"Medical students don't usually have responsibilities for patient care until their third year," says Kravitz. "This course enables them to interact with patients and their families, and along with physicians, nurses, and social workers, attend geriatric rounds. I want these future physicians to understand what it is like for these patients and families and confront their own feelings of sadness about disability and death. How do you deal with the family around issues of grief and loss? Do the rich and poor get the same kind of medical care?"



LIEBE KRAVITZ, LICSW

The Art of Compassion

As we become more and more technologically advanced, one challenge for the medical profession will be to remain sensitive to the needs of the people served by hospitals in the face of an ever-tightening fiscal and regulatory environment. At Beth Israel, perfecting both the science of medicine and the art of compassion will always be distinguishing priorities.

STEVEN RUAS
SENIOR MAINTENANCE MECHANIC

"AS SOMEONE WITH A MECHANICAL ENGINEERING BACKGROUND, I'M IN A UNIQUE SITUATION AT BETH ISRAEL. THE HUMAN ELEMENT MAKES MY WORK SO MUCH MORE REWARDING. I'M NOT HERE TO JUST PRODUCE WIDGETS — I'M HERE TO HELP PEOPLE."

CHERI WENZEL, MT
MEDICAL TECHNOLOGIST

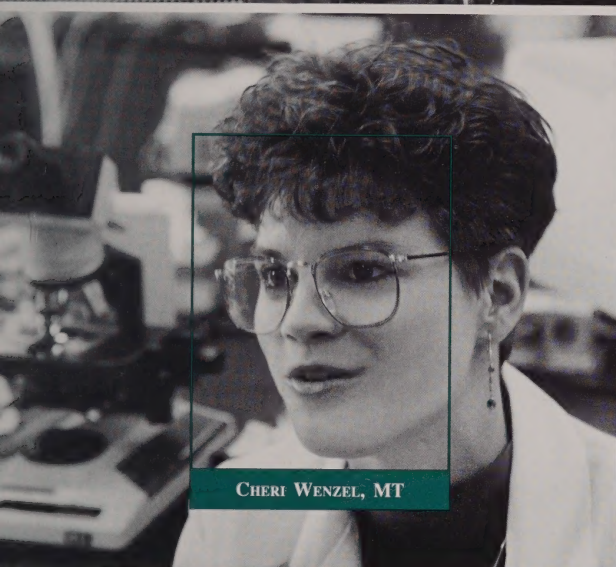
"BETH ISRAEL SEES SOME OF THE MOST DIFFICULT AND CHALLENGING CASES. WORKING IN A LAB, I HAVE AN EFFECT ON PATIENT CARE. THERE ARE TIMES WHEN WE ARE THE FIRST TO RECOGNIZE PROBLEMS AND NOTIFY THE PHYSICIANS. I THINK A BIG PART OF OUR SUCCESS IS OUR ABILITY TO COMMUNICATE. WE CAN COUNT ON EACH OTHER TO DO THE BEST JOB POSSIBLE ON BEHALF OF OUR PATIENTS."

LYNNE BORNSTEIN
VOLUNTEER

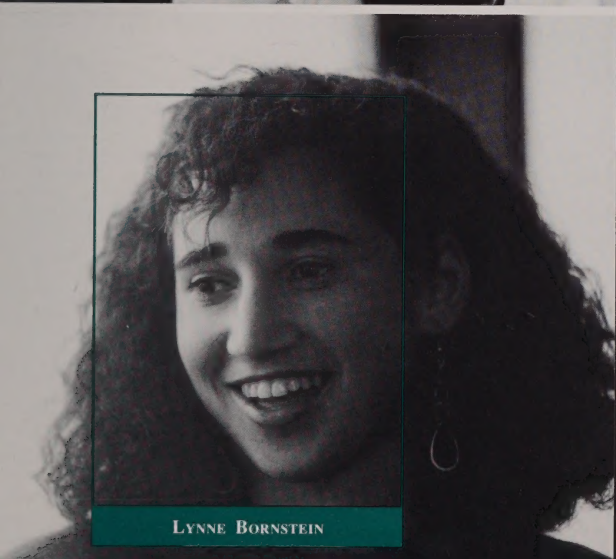
"I'M A STUDENT AT THE WINSOR SCHOOL, RIGHT ACROSS THE STREET FROM THE HOSPITAL. I DECIDED TO VOLUNTEER HERE BECAUSE I WANT TO BE A DOCTOR SPECIALIZING IN GERIATRICS. THE NURSES HAVE TAUGHT ME HOW TO INTERACT WITH ELDERLY PATIENTS — I'VE LEARNED DIFFERENT WAYS TO MAKE THEM HAPPY AND COMFORTABLE. SOMETIMES ALL IT TAKES IS READING TO A PATIENT ABOUT THE CELTICS — OTHER TIMES IT IS JUST BEING THERE TO LISTEN."



STEVEN RUAS



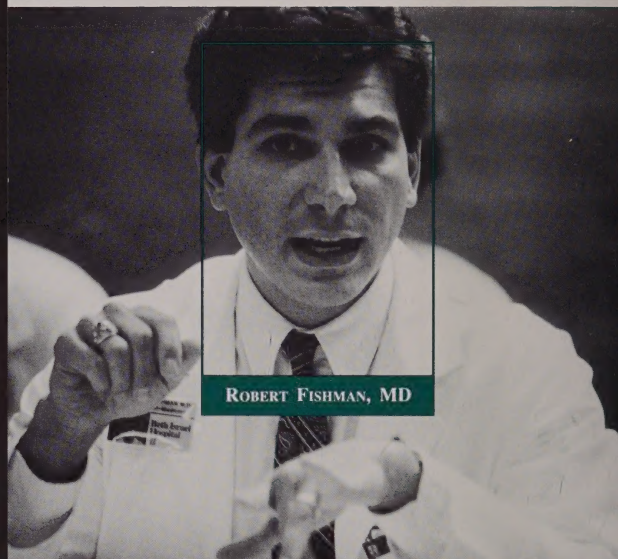
CHERI WENZEL, MT



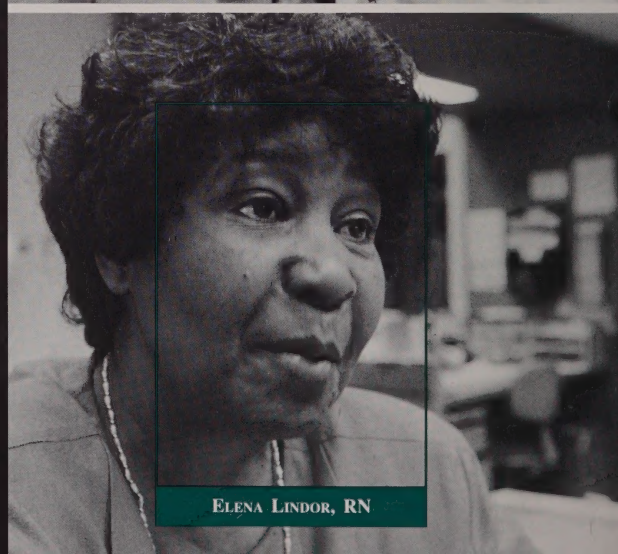
LYNNE BORNSTEIN



BRENDA FORREST, MD



ROBERT FISHMAN, MD



ELENA LINDOR, RN

TEACHING

BRENDA FORREST, MD
SENIOR RESIDENT

"THE BEST THING ABOUT THE BETH ISRAEL RESIDENCY PROGRAM IS THAT IT IS MADE UP OF A DIVERSE GROUP OF GIFTED AND TALENTED PEOPLE. IT'S BEEN A VERY POSITIVE AND TREMENDOUS LEARNING EXPERIENCE."

ROBERT FISHMAN, MD
CARDIOLOGY FELLOW

"IT IS TRUE THAT WHEN YOU ARE A PATIENT IN A TEACHING HOSPITAL, MANY PEOPLE ASK YOU THE SAME QUESTIONS AND EXAMINE YOU. MORE THAN ONE MIND IS ALWAYS BETTER WHEN YOU ARE TRYING TO PROVIDE THE BEST PATIENT CARE POSSIBLE."

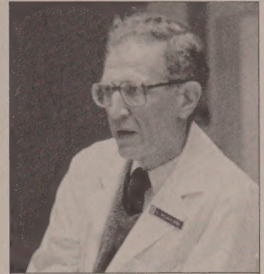
ELENA LINDOR, RN
NURSE MANAGER

"THERE IS A TREMENDOUS AMOUNT OF MEDICAL AND NURSING RESEARCH THAT HAPPENS HERE. I'M PRIVILEGED TO HAVE ACCESS TO THE LATEST RESEARCH AND, IN MANY CASES, ACTUALLY WORK WITH THE PEOPLE WHO WERE RESPONSIBLE FOR DEVELOPING IT."

When visiting China a few years ago, Dr. William Silen, surgeon-in-chief at Beth Israel and Johnson & Johnson Professor of Surgery at Harvard Medical School, delivered a lecture to a group of physicians.

"I replied to a question from the audience with the statement 'I don't know,' "

he recalls. "My response was followed by uproarious laughter. The reason for the laughter was that the surgeons in the audience had never heard a professor say, 'I don't know.'"



WILLIAM SILEN, MD

"There are many things that professors do not know," he continues. "We must ask questions all the time and subject what we do know to constant scrutiny. I learn something every day, and if I don't, I'm not going to be very good at this job. We need to see that today's students and residents are imbued with the spirit of critical inquiry."

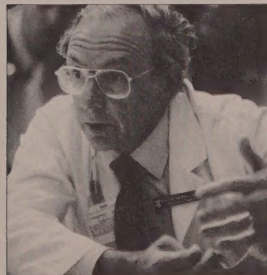
The Goldfish Bowl

Within a teaching hospital, education thrives because the teaching hospital is like a goldfish bowl. All that one does is open to review and inspection as part of the educational function of the hospital.

There are daily work rounds. House officers, medical students, and nurses visit patients and discuss their cases, one-by-one, each day. Reports to chiefs highlight interesting new cases and important developments in others. Senior physicians are presented with the progress and dilemmas of each unit during daily 'attending rounds.' "There are rounds where outcomes of cases that were less than favorable are openly discussed," adds Dr. Mitchell T. Rabkin, president. "We ask, 'knowing

what we know now, would we have done things differently?'"

"If we don't know the answer to something," says Dr. Robert M. Glickman, physician-in-chief at



ROBERT M. GLICKMAN, MD

Beth Israel and Herrman L. Blumgart Professor of Medicine at Harvard Medical School, "we work to find it. If we don't develop new information, who will? This is a special function of a teaching hospital."

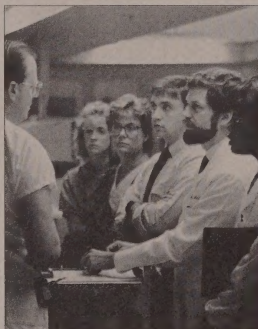
This atmosphere of openness offers a series of checks and balances for the patient. According to Sandra L. Fenwick, vice president for clinical services planning and development, "You have a lot of people reviewing your care. This is why many people choose teaching hospitals. You can be certain that the care you receive is truly the best."

The Mastery of Doctoring

With the field of medicine changing so rapidly, academic medicine has a formidable responsibility. "I often feel daunted by the challenge of taking on a resident who will still be in practice in the year 2020," comments Dr. Benjamin P. Sachs, obstetrician/gynecologist-in-chief. "How do I prepare somebody for the future so that they can have a significant and positive career in medicine?"

"I can educate students about the physiology of disease and the mechanisms of the disease process," he continues. "I can teach the best standard of care that is known today. But, most importantly, I work to see that they assume a work habit that encourages self-education. That is really the only way to guarantee that a physician will be good now, but even better in the year 2020."

To be a first-rate physician, the ability to memorize, or at least have access to the vast amounts of medical and scientific information available today, is not enough. "Because medicine is both an art and a science," says Rabkin, "we teach students more than facts; we are teaching them how to be physicians. Burgeoning technology for diagnosis and treatment, rising costs of medical care, controls superimposed by payers, issues of liability, and increasing empowerment on the part of patients, render the mastery of doctoring an ever-growing challenge. On top of all that, to remain the best they must



RAYNOLD ERILUS
ENVIRONMENTAL SERVICES RELIEF COORDINATOR

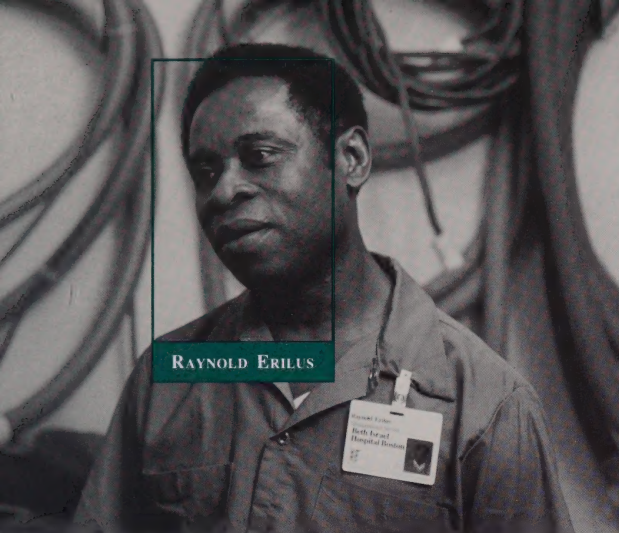
"I'M VERY HAPPY TO BE HERE. I KEEP THE HOSPITAL CLEAN FOR PATIENTS AND THEIR FAMILIES SO THAT EVERYONE FEELS COMFORTABLE HERE."

LINDA COFFMAN, RN
CLINICAL NURSE II

"BETH ISRAEL HELPS ME ADVANCE PROFESSIONALLY AS A NURSE. OPPORTUNITIES FOR TEACHING AND LEARNING ARE EVERYWHERE IN THIS HOSPITAL. WE ARE ALWAYS ENCOURAGED TO ATTEND SEMINARS AND CONFERENCES. WITHIN MY PRACTICE, I SPEND A LOT OF TIME TEACHING NEW MOTHERS ABOUT INFANT CARE, POSTPARTUM CARE, AND BREAST-FEEDING. THE CONSTANT SHARING OF INFORMATION HERE ON SO MANY DIFFERENT LEVELS IS EXCITING."

LAWRENCE DONOVAN
BETH ISRAEL PATIENT

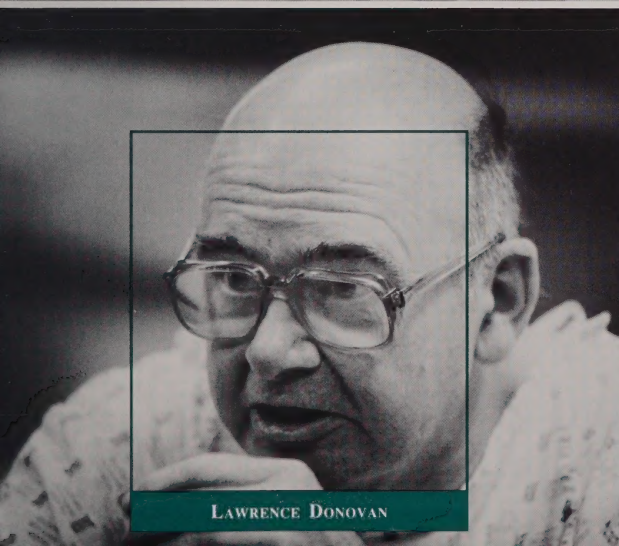
"I WAS IN SERIOUS SHAPE WHEN I CAME HERE. THEY SAVED MY LIFE TWO TIMES."



RAYNOLD ERIUS



LINDA COFFMAN, RN



LAWRENCE DONOVAN



LESTER CHOW



YVONNE GOMEZ-CARRION, MD



SUZANNE STANTON

LESTER CHOW
CLINICAL PHARMACIST

"BETH ISRAEL'S PHARMACY DEPARTMENT IS CLINICALLY ORIENTED — I ATTEND PHARMACY ROUNDS WITH MEDICAL TEAMS TO MONITOR HOW CERTAIN PATIENTS ARE DOING. I INTERACT WITH DOCTORS AND NURSES ON A REGULAR BASIS — THESE OPPORTUNITIES KEEP ME LEARNING AND MATURING WITHIN MY PROFESSION."

YVONNE GOMEZ-CARRION, MD
CLINICAL INSTRUCTOR

"I WORK WITH A HIGH-RISK OBSTETRICS POPULATION. MY PATIENTS ARE SO USED TO PEOPLE NOT CARING. THEY LOVE BETH ISRAEL BECAUSE SO MANY PEOPLE ARE WILLING TO HELP THEM OUT. THE CONCERNED ATMOSPHERE HERE HELPS PATIENTS FEEL COMFORTABLE AND SECURE."

SUZANNE STANTON
CONSOLE OPERATOR

"I WORK PART-TIME AND GO TO SCHOOL PART-TIME. EVERYONE HERE IS SUPPORTIVE OF WHAT I'M DOING. I KNOW THAT WHEN I GRADUATE FROM COLLEGE, THERE WILL BE EVEN MORE OPPORTUNITIES FOR ME HERE."



become masters at processing information — learning what's new in medicine and discarding what's outmoded or proven to be less useful or even incorrect."

The Educational Process

After four years of college, physicians-to-be enter medical school, where they spend most of their first two years in the classroom. Much of this time is devoted to absorbing basic scientific information. During the following two years, medical students rotate through clerkships that introduce them to medicine, surgery, and other disciplines.



Beth Israel has been central in the development of the New Pathway Program at Harvard Medical School. By integrating the various scientific disciplines, this new curriculum sensitizes medical students to approach patients as a whole — not just a series of biomedical reactions, physiological principles, and psychological issues. It also trains them to be lifelong processors of information.

"Physicians must be constantly alert to developments in medicine and new ways of thinking about people and their problems," says Rabkin. "You can't teach everything in medical school. Our goal is to equip students to be masterful with medicine for the rest of their lives while understanding that much of what we know to be right today will be wrong tomorrow — because things that are not known today will be known tomorrow. This all has to be plugged into the equation."

Upon graduation from medical school, the new physician begins residency training, typically in either surgery or internal medicine. During the third or fourth year of residency, physicians select a subspecialty such as orthopedics, radiology, cardiology, oncology, or ambulatory care.

Primary and Ambulatory Care

"For years, the emphasis of training young physicians focused on specializing — looking at smaller and smaller parts of the body," says Dr. Thomas Delbanco, director of the division of general medicine and primary care. "We sensed a need for doctors who could take care of the whole patient again."

The Primary Care Internal Medicine Residency program stresses the care of adults in an ambulatory setting as well as providing training in the care of hospitalized patients. Based in Beth Israel's ambulatory care center, Healthcare Associates, this program enables house officers to see a greater variety of patients over a longer period of time. It also teaches them how to work as part of a team of health care professionals, including nurse practitioners, social workers, psychiatrists, and nutritionists.

While traditionally internal medicine residents focus on the acute phase of illness, experience in primary care gives them the opportunity to know patients when they are well, see them through their illness in the hospital, and then see them for months or even years later.

Reaching Out

Health care education develops in many shapes and forms. One of the most recent and noteworthy was *Near Death*, a six-hour documentary produced by filmmaker

Frederick Wiseman.

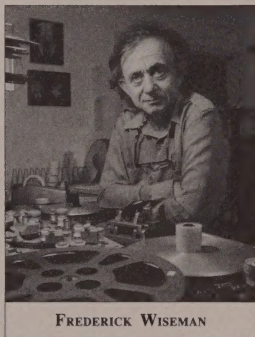
Aired nationally on the Public Broadcasting Service (PBS), *Near Death* gave viewers an opportunity to see what they might face when confronted with their own failing health or that of a loved one.

"I felt that it was well within the logical mission of a teaching hospital to help educate not just in the science of healing, but in the art of coping as well," says Dr. Richard C. Pasternak, director of the Morse Cardiac Care Unit at Beth Israel. Pasternak initiated the idea of producing a documentary about being "near death," an experience shared by patient, family, physician, and nurse, each in a unique but interrelated way.

"There is very little preparation for this drama we will all one day face, indirectly or directly," he continues. "No 'emotional rehearsal.' I hope that the film will somehow make those who have seen it stronger and more helpful in a time of ultimate crisis to themselves, to those they love, and to those to whom they may provide medical or nursing care."

Teaching's Ultimate Goals

Integration of patient care and scholarship is essential to the quality of a teaching hospital. "Actually, each of us is a student and remains so year after year, just as each is a teacher," concludes Rabkin. "Presumably we get better in each role." In a large measure, that is what makes a teaching hospital. It can be characterized by two basic questions: How can we help the patient? And in doing so, what can we learn?



FREDERICK WISEMAN

RESEARCH

On Dr. Mitchell T. Rabkin's office shelf, there is a porcelain figure of a small child squatting down. The child has picked something up off the ground and is studying it intently. "To me, this figure illustrates the essence of research," says Rabkin. "It reminds us to look at everything with the eyes of a child."



Within a teaching hospital, the basic premise of research is intellectual curiosity — or, simply, having the inclination to follow your nose. "Before Fleming discovered penicillin, he was trying to grow bacteria in a petri dish," says Rabkin. "When he looked at the dish, he observed areas where the bacteria were not growing. A fuzzy mass was growing in its place. Instead of saying 'this stuff ruined my experiment,' he looked into what the mold was, which led to the discovery of penicillin and other life-saving antibiotics."

Dr. William Silen, surgeon-in-chief at Beth Israel, argues that only a faculty well-schooled in the scientific method can create an environment that fosters this inquisitiveness. Researchers have to be secure enough to say, "I don't know, let's find out."

Excellence in patient care and education depend on the scholarship that comes from research. In fact, every quantum leap in clinical capability at Beth Israel has been preceded by a substantial growth in our commitment to research.

Imagination and Innovation

This outstanding tradition of research began with the hospital's affiliation with Harvard Medical School. The 1928 appointment of Dr. Herrman L. Blumgart as director of research helped set the stage for significant investigative work that resulted in major contributions to the field of medicine, particularly in the area of cardiology. According to Dr. David Freiman, assistant to the president, "Dr. Blumgart's imaginative



HERRMAN L. BLUMGART, MD

and innovative research on the use of radioactive isotopes in measuring blood flow earned him the title, 'the father of nuclear medicine.'"

Beth Israel's medical scientists have since developed the first implantable pacemaker (1960), an insulin nasal-spray (1983), and an experimental blood test for cancer (1986). Researchers here are among the first to conduct clinical trials on the stent, a tube permanently implanted within a coronary artery to reinforce its inner diameter after angioplasty, and atherectomy, a procedure that shaves and removes plaque from clogged arteries. Other work in progress includes investigating a host of experimental medications for the treatment of AIDS, and intricate molecular studies of cells.

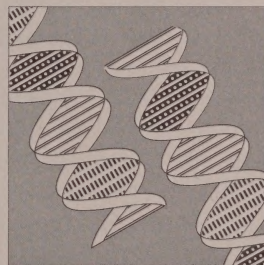
"Our emphasis on research is stronger here than you'd find in many teaching hospitals," comments David Dolins, executive vice president and director. "In many hospitals, the research is carried out not at the hospitals themselves, but at the medical schools with which they're affiliated."

Dramatic Changes in Medicine

"Our knowledge of human disease has grown by leaps and bounds," says Dr. Robert Rosenberg, chief of molecular medicine.

"I foresee a time when we will be able to profile individuals to determine who will develop diseases and then treat them in a preventive sense."

Rosenberg has pioneered work in biochemistry and the molecular biology of blood-vessel walls. His investigations focus on the molecules that protect against vascular disease, specifically heart attacks and strokes. "We are working to determine how genes in blood-vessel walls collaborate to allow us to stay well," he explains.



Crossing Clinical Boundaries

There is a connectedness in today's research that did not exist before. Because of advances in molecular biology, a closer intellectual collegueship exists among the various medical disciplines.

A cardiologist is researching the heart. A nephrologist is investigating kidney function. Both are interested in molecular cell biology and can therefore work together because of the commonalities between their studies on a molecular level. These specialists, who at first glance have nothing in common, can actually learn from each other's progress.

"If you are investigating channels and pumps that work in membranes to move molecules from one side of a membrane to another," Rosenberg says, "you may think that this technique would only have something to do with kidneys, where this function takes place. It soon becomes clear, however, that this information is also central to our understanding cancer, cardiovascular disease, and growth control."

Today's basic research crosses clinical boundaries. The cardiologist, nephrologist, and immunologist are finding that because many of their questions are similar, they can help each other find answers.

Research at the Bedside

In medical research, the final achievement comes when advances in the lab are successfully used to treat patients. Beth Israel's Clinical Research Center (CRC) gives researchers the opportunity to bring their theories and treatments to patients and volunteers. According to Dr. Robert Rosa, associate director of the CRC, "The last step in any research is to make sure it works at the bedside."



An \$8-million grant from the National Institutes of Health (NIH), supports studies ranging from the role of diet in insulin and hypertension regulation to treatment of memory disorders. Several experiments with AIDS patients are also in progress. These grant-supported studies fill a special need, as most insurers do not cover hospitalization for experimental treatments. They give AIDS patients and many others with little recourse the chance to try something new and promising.



VERONICA F. REMPUSESKI, RN, PhD

Nurses as Investigators

"The most basic research attitude is a spirit of inquiry," says Veronica F. Rempusheski, RN, PhD, program director, gerontological nursing, and nurse researcher at Beth Israel. "The most

basic research function is the ongoing systematic evaluation of one's own practice."

Although nurses have always contributed to the understanding of disease and illness from their firsthand experience caring for patients, they are now providing scientific data to back up what they observe at the bedside. The nursing research program at Beth Israel provides an avenue for nurses to question, discuss, and review nursing practice and apply the results of their research to improving patient care.

Insights

Learning by way of investigation in the laboratory or by observing at the bedside perfects the care we give today and determines the care that will be available tomorrow. The research that takes place in a major teaching hospital, and all of the change that it brings, is the result of constant questioning — of following one's trained curiosity. It is in a sense a combination of scientist and detective, of framing questions, seeking answers, and always moving forward in the quest for better life.

MANAGEMENT

In a major teaching hospital such as Boston's Beth Israel, the challenge for management is to balance, integrate, and maintain a high level of quality in patient care, teaching, and research — three interdependent yet sometimes competing demands. During a time of fiscal unrest for academic medical institutions, this challenge becomes all the more complex.

Managing Clinical Care

Managing a hospital that treats more than 29,000 inpatients, 205,000 outpatients, and 39,000 emergency cases each year is a considerable challenge. "Our goal is to provide patient care of the highest quality in both



SANDRA L. FENWICK

scientific and human terms. Everyone in this organization has to understand and embrace this fact," says Sandra L. Fenwick, vice president for clinical services planning and development.

First and foremost,

Beth Israel's mission is to care for people who are sick. "Nursing has a primary role in ensuring that caring remains central and is pursued with as much vigor and excellence as teaching and research," says Joyce C. Clifford, RN, MSN, FAAN, vice president for nursing and nurse-in-chief.

Management works to provide an environment that supports the patient and his or her needs. "We constantly re-evaluate systems to make sure that we are functioning as efficiently and effectively as possible," says Malcolm S. Weiner, vice president for clinical and support services. "The patient is our ultimate customer. All services are provided with this as our central focus."

Managing Teaching

Very stringent demands are made by the accrediting agencies that oversee hospital teaching programs. "If the regulatory agencies say that a surgical procedure will no longer be reimbursed on an inpatient basis, but only on an outpatient basis, in addition to having an impact on patient care, this action changes a training program," says



SENIOR MANAGEMENT WORK TEAM MEETING

Weiner. "You have to make sure that you integrate the impact on the house officers' training program with the decision to move a surgical program to an ambulatory basis. In light of all these changes, we still have to make sure that patients get the best possible care."

Managing Research

The National Institutes of Health (NIH) fund three-quarters of the research activity at Beth Israel. Among independent hospitals, Beth Israel is the eighth largest recipient in the United States of these competitively awarded NIH dollars. In some cases, however, until research is accepted as being tried and true, teaching hospitals have to underwrite the costs of certain clinical investigations. "Beth Israel has been very involved in researching cancer therapies," says Fenwick. "Our bone marrow transplantation program, for example, is often the only hope for oncology patients who have not responded to other forms of therapy. We have seen very good results, but the hospital is not reimbursed for the care provided to these patients because the program is still considered investigational. This has to be factored into our financial planning."

PREPARE/21 — Participative Management

"Managing involves sophisticated corporate planning because we exist in a turbulent world," observes Dr. Mitchell T. Rabkin, president. "Consequently, this means a lot more than just giving directions and instructions."

P/21

In 1986, Beth Israel's senior management began exploring approaches to "participative management." The result of this search was PREPARE/21, a plan developed by employees themselves, with the approval of senior management and trustees, that fosters ownership by employees of quality, productivity, and efficiency.

The development of PREPARE/21 was based on a participative management process known as the Scanlon Plan, widely employed for several decades in a variety of manufacturing industries. Beth Israel is among the first in the nonprofit service sector to adopt its principles.

The purpose is to encourage employees to identify routines and procedures that are either inefficient or ineffective and to provide ideas for solutions to these problems. "The key to this program is the recognition that no one knows the job better than the person doing it, and therefore, each individual is asked to voice insights and recommend solutions," says Rabkin. "PREPARE/21 also provides for sharing between the hospital and employees any gains that result."

The program gives employees an opportunity to influence management decision-making. "We can't simply cut and cut," says Rabkin. "We are looking to PREPARE/21 to find ways to improve the system and cut costs without risking quality."

PREPARE/21 encourages staff to ask questions. Is there a better way to do this? How can I improve the quality of what I'm doing? Laura Avakian, vice president for human resources, says, "Our environment encourages us to take a chance and keep looking for ways to improve.

"We must know as much as possible about our history, problems, and goals. There has to be a literacy about our organization," she continues. "We have a boldness about us that not all organizations have — at Beth Israel, it is



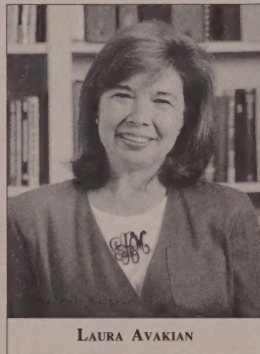
CENTRAL PROCESSING DEPARTMENT WORK TEAM MEETING

okay to raise questions. Let's try. Let's inquire. Research is not only clinical. It happens in management."

"PREPARE/21 is unique, but I'm pretty sure it won't be a few years from now," adds David Dolins, executive vice president and director. "People will learn from what we are doing, although that's not why we're doing it. We're doing it for the health of this organization. But we'll share what we learn, which goes back to our being a teaching institution."

Society's Reward

It is clear that teaching hospitals are more complex, and as a result, more costly than community hospitals. "I believe that for these costs, Beth Israel brings the most advanced and most sensitive care to our patients," says Fenwick, "and those advances then move out to our community and rural hospitals. Medical, nursing, and allied health students are trained, medical science is refined. New and effective technologies are introduced. Better modalities of care are developed and complex patient services are provided. That is how society benefits from a teaching hospital. The personalization and compassion that form our hallmark — that's the extra touch at Beth Israel."



LAURA AVAKIAN

"In a sense, we act as overseers of the mission of the hospital. Whatever we do as the board of trustees, our focus expands into three areas — patient care, teaching, and research," says Edward H. Linde, chairman. "We are concerned about the balance of this three-dimensional mission. We work to see that one area does not take precedence over another.

"Our goals are different from those of a nonteaching hospital," adds Linde. "The very nature of our mission makes the hospital particularly vulnerable to regulations from various levels of government, to the pressures on traditional financial support, and to the growing sophistication of hospital operations. The capital requirements are far more intense. As a result, trustees must be even more knowledgeable because they participate in decision-making around very complex problems and concerns."

According to Dr. Mitchell T. Rabkin, president of Beth Israel, "A few years ago, physicians were experts in hospital care, dealing with boards that were not. We could focus on hospital care issues, rather than on business issues, because we were functioning under a generally satisfactory system of cost reimbursement.

"Now, as cost reimbursement changes," says Rabkin, "we and our trustees must operate the hospital in a rigorous, businesslike fashion, because the critical issues are business issues, even while we must stick to our mission of quality in patient care, teaching, and research. Today, if we make a mistake, it will clearly show up on the bottom line, for there is little or no leeway."

Business Issues

The 166 members of Beth Israel's board (90 "active" and 76 "honorary" trustees) meet 5 times each year. They oversee not only the organizational and business aspects but also, by delegation, the care and treatment of patients; the professional and technical competence of the physicians, nurses, and allied health personnel; the appointment and delineation of clinical privileges of members of the medical staff and other departments; and review of research and health care programs.

There are 12 standing committees of the board of trustees. These committees consider issues of finance, fundraising, human resources, and other concerns of policy-making and management. The medical conference committee, for example, constitutes a forum for the discussion of matters of hospital policy and practice, especially those pertaining to effective and efficient patient care. In addition to advising hospital management, committees review, develop, and make policy recommendations to the executive committee — a group of 30 trustees including officers, past chairmen, and 12 elected members of the board. The final vote on major issues is made by the entire board of trustees.

When Beth Israel's management team began exploring the participative management plan that later evolved into PREPARE/21, the initial role of the trustees, officers, and chairman was to act as a sounding board. "We made specific suggestions and also expressed some healthy skepticism," says Linde. "The first step was to ask some tough questions. Is this the most appropriate vehicle for a medical institution? Can you have gain sharing in a nonprofit during a time when there is so much pressure and scrutiny on hospital finances from the community? These questions helped shape the final proposal which was then approved by the board."

Linde is serving his second of a three-year term as chairman, and has been a Beth Israel trustee since 1976. As chairman, he is also a member of the Harvard Medical Center — an overall advisory committee made up of administrators, medical staff, and trustees from area institutions. This policy group reviews ideas and concerns with the dean of the medical school, with reference to the school and its affiliated hospitals.



EDWARD H. LINDE



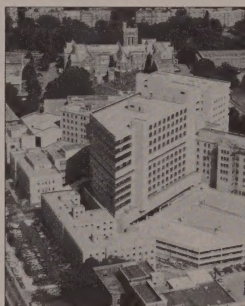
Leadership and Foresight

The hospital that began in a former private home on Townsend Street in Roxbury, Massachusetts,

with 45 beds and 23 physicians, now enjoys international acclaim on its own and as a major teaching hospital of Harvard Medical School. It was the forward-thinking decision of Beth Israel's board of trustees to move the hospital from Townsend Street to its current location, a block away from Harvard Medical School. Even though this decision went against the advice of a prominent New York consultant, the trustees had the courage and foresight to follow their own intuition.

Challenges

The principal function of the board of trustees is to represent the community, since they are, in essence, the owners of this institution. The foresight in planning, and the generosity in fundraising, of trustees have helped earn Beth Israel prominence. Within this role, Linde concludes, "We shine in the reflected glory of the hospital's achievements, but we must also deal with problems within our institution and the world of health care in general. The talented men and women who govern Beth Israel keep us moving in the right direction."



KAREN TYLER
ADMINISTRATIVE ASSISTANT

"PREPARE/21 MAKES BETH ISRAEL EVEN MORE SPECIAL TO ME. IT ENCOURAGES EVERYONE TO GET INVOLVED. IF YOU HAVE AN IDEA TO IMPROVE QUALITY OR SAVE MONEY, THERE IS ALWAYS SOMEONE WHO WILL LISTEN."

CORNELIUS LAM, MD
RESEARCH FELLOW

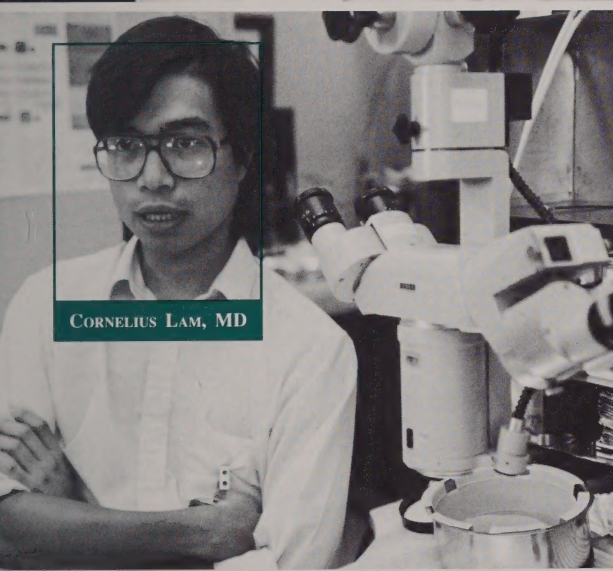
"THE HOSPITAL'S PHILOSOPHY OF PATIENT CARE SHOULD BE THE PHILOSOPHY OF EVERYBODY WHO PRACTICES MEDICINE."

JANE TREEN
BETH ISRAEL PATIENT

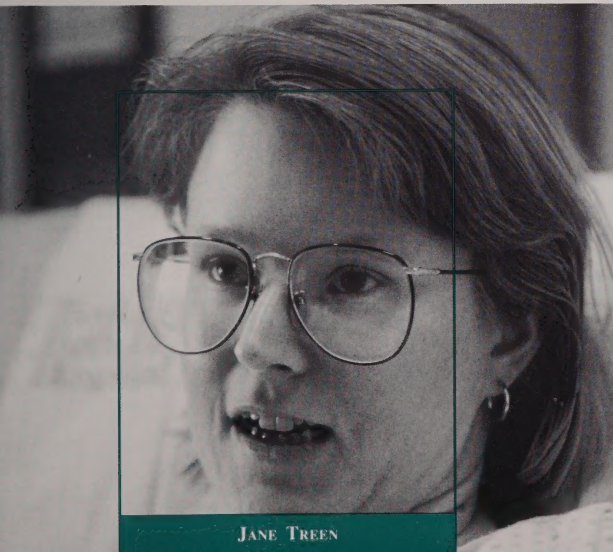
"I'D RATHER BE A PATIENT IN A TEACHING HOSPITAL BECAUSE THE PHYSICIANS, NURSES, STAFF, AND FACILITIES ARE MORE UP-TO-DATE. BETH ISRAEL HAS THE LATEST TECHNOLOGY — AND AT THE SAME TIME, THE CARE IS FANTASTIC. EVERYONE IS SO SUPPORTIVE — THEY GO TO GREAT LENGTHS TO KEEP THINGS CALM."



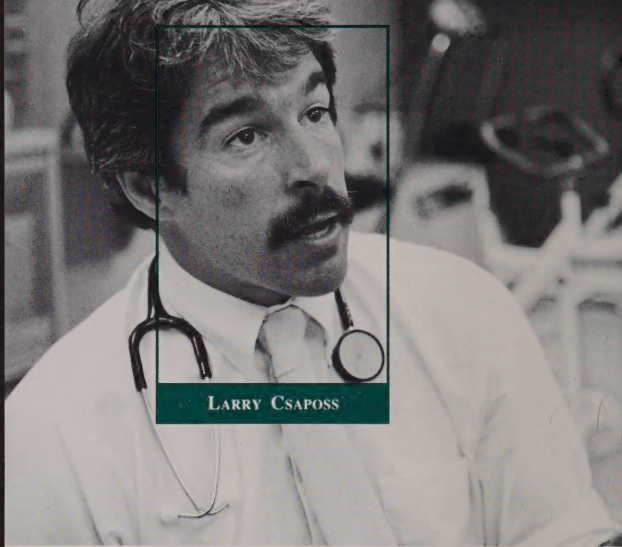
KAREN TYLER



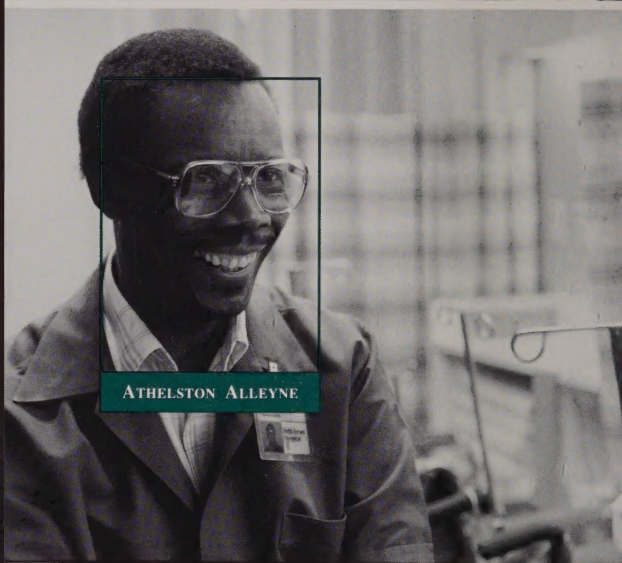
CORNELIUS LAM, MD



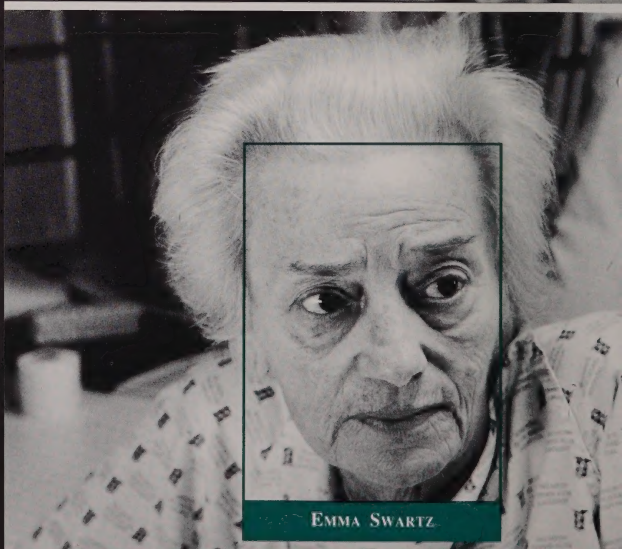
JANE TREEN



LARRY CSAPOSS



ATHELSTON ALLEYNE



EMMA SWARTZ

LARRY CSAPOSS

PHYSICAL THERAPY INTERN

"THIS IS A SERVICE BUSINESS. WHAT MAKES BETH ISRAEL STAND OUT AMONG OTHERS IS THE HIGH QUALITY OF THE STAFF AND THE TIME THAT THEY'RE WILLING TO SPEND WITH PATIENTS. I'D COME HERE AS A PATIENT."

ATHELSTON ALLEYNE

PATIENT ESCORT

"I BRING PATIENTS TO AND FROM X RAY. AN IMPORTANT PART OF MY JOB IS TO MAKE SURE THAT PATIENTS FEEL WELL TAKEN CARE OF AS I TRANSPORT THEM."

EMMA SWARTZ

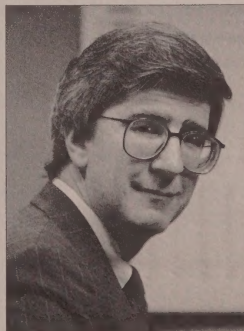
BETH ISRAEL PATIENT

"I HAVE BEEN SICK FOR A LONG TIME, BUT BETH ISRAEL'S NURSES HAVE HELPED ME SO MUCH. THEY HONESTLY CARE ABOUT MY NEEDS."

Health care delivery systems are a delicate balance of three major components: quality, cost, and access. When one is given more weight the others may be affected, not always for the better. Until the early 1980s, the US system was designed to pay almost any price to retain seemingly universal access and keep quality high. But when factors like inflation, growing usage, and new technologies caused health care costs to skyrocket, new financial arrangements imposed by government and other third-party payers forced hospitals to find ways to cut costs without hindering the quality of care or limiting access. Some met that challenge with greater success than others. Still others did not survive the decade.

Beth Israel adjusted well in the years immediately following 1983, when the government first introduced Medicare's prospective payment formula. The new payment plan, based on categorizing illnesses into diagnosis-related groups (DRGs), and paying by DRG on a relatively fixed basis, was phased in over five years, so that hospitals could reduce costs before the program was fully implemented. But by the end of this transition, the reduced payments from Medicare and other third-party payers failed to keep pace with actual hospital costs, and many hospitals encountered unprecedented deficits as a result. Beth Israel experienced operating losses of \$1.6 and \$1.9 million respectively in fiscal 1987 and 1988, and projected even greater losses if no management actions were to be taken.

In fiscal 1989, however, the hospital recorded an operating surplus of \$828,000 — despite the earlier forecasted \$9-million deficit and, after reductions in personnel and expenses, a budgeted \$1.5 million deficit projected at the start of the year. According to Eugene C. Wallace, vice president, finance, this was accomplished after adjustments were made in all areas of the hospital. "It was not easy but we planned it so that no one was fired. Employee turnover enabled us to cut our personnel costs significantly. We reduced costs and expanded patient volume. We are pleased with that effort because patient care has not suffered."



EUGENE C. WALLACE

Quality of Care

Productivity increased significantly, even though the workforce was reduced by attrition. The hospital added 44 inpatient beds, kept occupancy rates at about 86 per cent, and cared for more patients with greater intensities of illness, says Wallace. "Every good company in America works to improve its quality and increase its productivity, and we have shown a 30 per cent improvement in productivity over a five-year period. Quality measures are harder to come by, but our statistics on outcome and our patients' responses show we've continued to advance in that important area, too."

Beth Israel's volume, measured by the total number of discharges plus outpatient visits, has continued to expand. One reason is our strong physician base as a teaching hospital. More important, Beth Israel has a sound reputation for service. Recently cited in the book, *The Service Edge*, as one of 101 corporations deemed outstanding for the quality of service provided, Beth Israel is nationally recognized for top-notch physician and nursing care. Wallace emphasizes that this year's higher productivity figures do not represent cutbacks in service; rather, the hospital is improving service and making it more efficient.

Cost of Care

At first glance, it may appear as though teaching hospitals suffer fewer financial difficulties as a result of strong referral bases and generous endowment funds. But a deeper look proves they actually cost more to run. Most serve as providers of last resort, where doctors refer their sickest patients, including those with catastrophic illnesses like AIDS, and problems that smaller community hospitals find difficult to handle.

At the same time, hospitals can't provide tertiary care without leading technology and research. Teaching hospitals develop tomorrow's routine procedures, and that requires an earlier capital investment than nonteaching hospitals. Last year alone, Beth Israel spent nearly \$33 million on capital improvements, bringing the new Research West building on line and leasing and renovating Research East as part of its continued commitment to furthering biomedical research.

PRODUCTIVITY

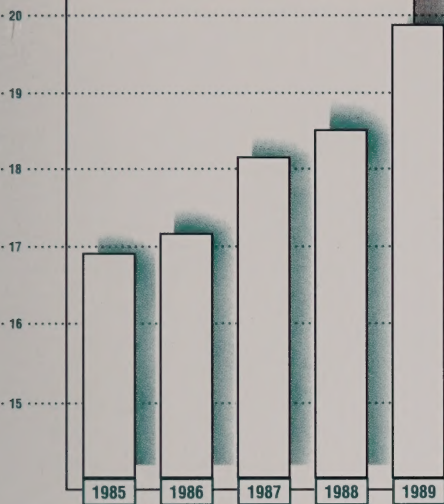
BETH ISRAEL'S PRODUCTIVITY AND ITS RATE OF IMPROVEMENT IN PRODUCTIVITY HAVE BEEN INCREASING STEADILY OVER THE LAST FIVE YEARS. THIS CHART SHOWS THE NUMBER OF PATIENTS CARED FOR COMPARED WITH THE TOTAL NUMBER OF HOSPITAL EMPLOYEES.

CUMULATIVE INCREASE

THIS CHART REFLECTS THAT THE RATE OF INCREASE IN PRODUCTIVITY ITSELF HAS BEEN ESCALATING. IN FACT, DURING 1989, THE HOSPITAL'S PRODUCTIVITY IMPROVED BY NEARLY 20 PER CENT OVER THE PREVIOUS YEAR — A LEVEL OF WHICH ANY INDUSTRY — PROFIT OR NONPROFIT — WOULD BE PROUD.

PRODUCTIVITY

(case-mix-adjusted discharge per FTE)



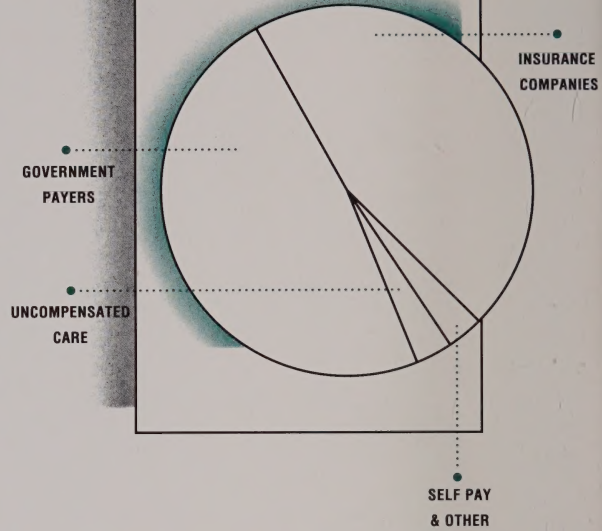
CUMULATIVE INCREASE

(annual percentage change)



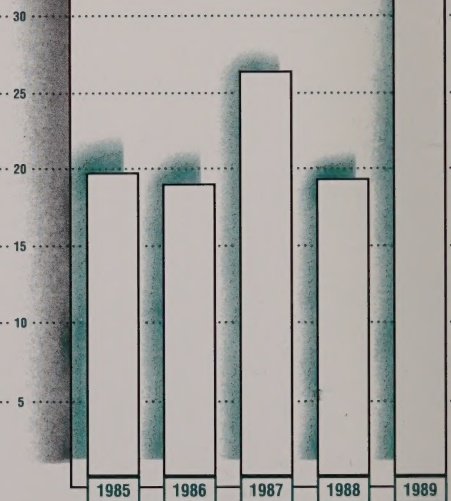
REVENUE BY PAYER

(percentage)



CAPITAL EXPENDITURE

(in millions)



REVENUE BY PAYER

THE DISTRIBUTION OF A HOSPITAL'S REVENUE BY WHAT ENTITY PAYS THE BILL HAS A SIGNIFICANT IMPACT ON ITS FINANCES BECAUSE EACH ENTITY PAYS ON A DIFFERENT BASIS. *GOVERNMENT* *PAYERS* ARE REPRESENTED BY *MEDICARE* (ELDERLY) AND *MEDICAID* (LOW INCOME). BOTH GOVERNMENT PAYERS ARE TRYING TO REDUCE THEIR RESPECTIVE RATES OF PAYMENT.

INSURANCE COMPANIES INCLUDE BLUE CROSS AS WELL AS OTHER COMMERCIAL COMPANIES PLUS HEALTH MAINTENANCE ORGANIZATIONS SUCH AS THE HARVARD COMMUNITY HEALTH PLAN.

CAPITAL EXPENDITURES

CAPITAL EXPENDITURES REPRESENT MONIES SPENT ON NEW EQUIPMENT, RENOVATIONS TO EXISTING BUILDINGS, AND CONSTRUCTION OF NEW BUILDINGS. THESE EXPENDITURES ARE NECESSARY TO KEEP THE HOSPITAL'S PHYSICAL PLANT MODERN AND EFFICIENT. THEY ALSO ENSURE THAT ALL NECESSARY EQUIPMENT IS AVAILABLE FOR THE CARE OF PATIENTS.

"We purchased almost \$8 million in equipment, ranging from calculators to computers to diagnostic equipment," says Wallace, pointing out that equipment purchased eight to ten years ago is wearing out or obsolete. "The plant must constantly be replenished for the institution's survival. To avoid falling behind, the need for new equipment never ends. As a result, the hospital must be profitable; that is, revenues must exceed expenses so that the dollars are there to buy the equipment."

Access to Care

The 8 major Boston teaching hospitals provide over 34 per cent of all uncompensated care in the state. The numbers of homeless and uninsured patients have grown dramatically in the past decade, and so have the costs involved in caring for them. "As an urban teaching hospital with a 24-hour emergency unit, and with an ambulatory care unit, Beth Israel stands ready to provide care, regardless of ability to pay," says Wallace.

Maintaining the Balance

Ability to continue quality care, teaching, and research will depend on how federal and state governments as well as private payers further modify the system to cope with the rising costs of hospital care.

How will Beth Israel survive? "We will have to find more ways to improve the quality of our service by reducing those costs that add no value to the services we offer our patients," says Wallace, noting that employees will play a major role in that task through the hospital's new participative management plan, PREPARE/21.

In the long term, perhaps even in this decade, the US will have to recast its health care system because hospitals will not be able to balance quality, cost, and access under the growth of present-day strictures. Whatever new form the system takes, Beth Israel will work to find new and creative ways of providing quality care, and do so with increasing efficiency and productivity.

SUMMARY STATISTICS

for the fiscal years ended September 30, 1989,
and September 25, 1988

	1989	1988
<i>Patient days</i>		
Adult	159,524	152,730
Newborn	20,223	18,760
TOTAL PATIENT DAYS	179,747	171,490
<i>Admissions</i>		
Adult	23,418	22,023
Newborn	6,067	5,530
TOTAL ADMISSIONS	29,485	27,553
<i>Number of Ambulatory Visits</i>		
Healthcare Associates, Women's Health		
Associates, Medical Walk-In Center	58,380	55,028
Specialty	82,307	75,568
Psychiatry	24,928	22,826
Emergency Unit	39,583	38,551
TOTAL AMBULATORY VISITS	205,198	191,973
Number of Adult Beds Available	504	468
Number of Surgical Cases	12,378	11,344
Number of Deliveries	5,811	5,269

● THIS IS DETERMINED BY
MULTIPLYING THE NUMBER OF
INPATIENTS BY THE NUMBER OF DAYS
THEY STAYED IN THE HOSPITAL.

● THIS REPRESENTS PATIENTS WHO
WERE ADMITTED TO THE HOSPITAL
FOR CARE.

● THE TOTAL NUMBER OF PATIENTS
WHO DID NOT REQUIRE OVERNIGHT
HOSPITALIZATION IS REFLECTED HERE.

STATEMENT OF RESTRICTED GIFTS AND BEQUESTS RECEIVED

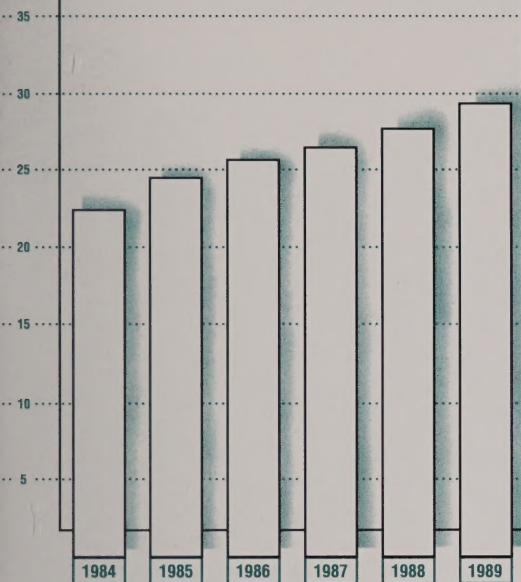
for the fiscal years ended September 30, 1989,
and September 25, 1988

(in thousands)	1989	1988
<i>Restricted Gifts and Bequests</i>		
Endowment Funds	\$ 2,543	\$ 1,839
Plant Expansions and Development Funds		
New Pledges	1,060	1,057
Special Purpose Funds	298	451
TOTAL RESTRICTED GIFTS AND BEQUESTS	\$ 3,901	\$ 3,347

● WHEN A DONOR SPECIFIES A
RESTRICTION TO A GIFT, IT IS
REPORTED HERE AND IS THEN ADDED
TO THE PRINCIPAL AMOUNT IN THE
APPROPRIATE CATEGORY.

TOTAL ADMISSIONS

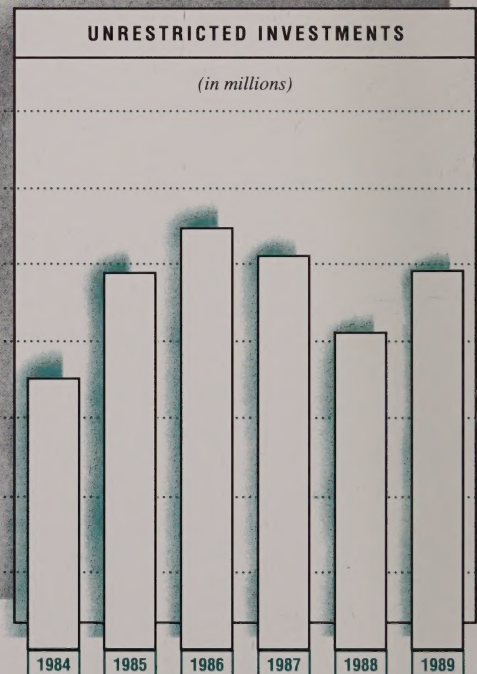
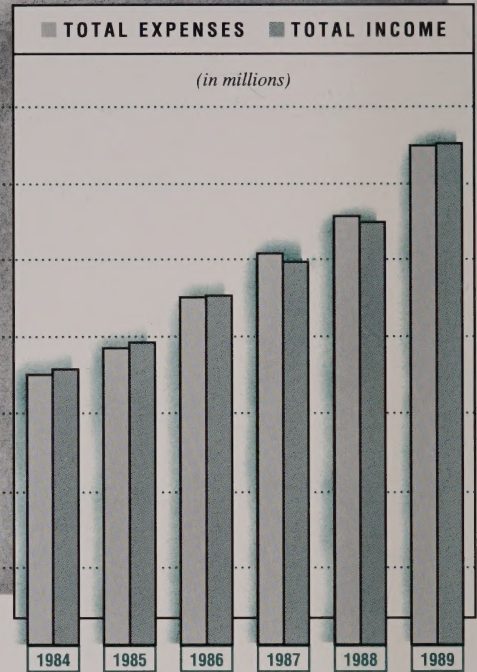
(in thousands)



TOTAL RESTRICTED GIFTS AND BEQUESTS

(in millions)





THESE MONIES ARE AWARDED TO THE HOSPITAL TO FUND SPECIFIC RESEARCH EFFORTS. ALMOST 50 PER CENT COMES FROM THE NATIONAL INSTITUTES OF HEALTH AND THE BALANCE FROM PRIVATE FOUNDATIONS, INDUSTRY, AND DONORS. OVER 400 RESEARCH PROJECTS WERE FUNDED IN 1989.

ALSO CALLED UNCOMPENSATED CARE, THIS REPRESENTS THE MONEY NOT COLLECTED FROM PATIENTS BECAUSE OF THEIR INABILITY TO PAY (FREE CARE) OR THEIR UNWILLINGNESS TO PAY (BAD DEBTS).

THE PROFIT OR LOSS IS THE BALANCE OF MONEY LEFT AFTER ALL EXPENSES HAVE BEEN SUBTRACTED FROM INCOME. THE MORE PROFIT THAT IS RECORDED MEANS THAT MORE CAN BE INVESTED IN THE HOSPITAL'S FUTURE.

THIS CATEGORY OF INCOME INCLUDES THE SUPPORT WE RECEIVE FROM VARIOUS DONORS PLUS THE EARNINGS ON ANY INVESTMENT FUNDS.

THESE DOLLARS ARE CURRENTLY DUE TO BE PAID (BY MEDICARE, MEDICAID, INSURANCE COMPANIES, HEALTH MAINTENANCE ORGANIZATIONS, AND INDIVIDUALS) FOR MEDICAL SERVICES ALREADY RENDERED. IF WE ARE NOT PAID IN A TIMELY MANNER, THE HOSPITAL MUST BORROW MONEY TO COVER ITS COSTS.

THESE REPRESENT THE ACCUMULATED MONIES AVAILABLE FOR INVESTMENT IN THE HOSPITAL'S FUTURE, SUCH AS KEEPING EQUIPMENT AND BUILDINGS CURRENT.

STATEMENT OF REVENUE AND EXPENSES

for the fiscal years ended September 30, 1989, and September 25, 1988

(in thousands)	1989	1988
Revenue from Services to Patients	\$215,922	\$186,768
Other Operating Income	12,263	10,420
Research Support from Grants and Contracts	30,222	24,163
TOTAL INCOME	\$258,407	\$221,351
Operating Expenses	210,301	186,943
Research Expenses	30,283	24,231
Free Care and Bad Debts	16,995	12,086
TOTAL EXPENSES	\$257,579	\$223,260
Profit (or Loss) from Operations	828	(1,909)
<i>Nonoperating Revenue</i>		
Contributions from Combined Jewish Philanthropies	200	200
Endowment Fund Income	1,317	925
Annual Appeal	815	738
Friends of Beth Israel	40	40
Unrestricted Investments	47	30
Investment Income	3,329	2,288
TOTAL NONOPERATING REVENUE	\$ 5,748	\$ 4,221
EXCESS OF REVENUE OVER EXPENSES	\$ 6,576	\$ 2,312

CONSOLIDATED BALANCE SHEET

as of September 30, 1989, and September 25, 1988

(in thousands)	1989	1988
Assets		
<i>Cash and other Investments</i>		
Unrestricted	\$ 34,379	\$ 28,563
Held by Trustees	36,648	39,706
Restricted	49,412	44,495
Accounts, Grants, and Pledges Receivable, Net	62,447	45,197
Other Assets	19,321	14,038
Net Property, Plant, and Equipment	153,687	137,784
TOTAL ASSETS	\$355,894	\$309,783
Liabilities and Fund Balances		
Accounts Payable	\$ 17,006	\$ 12,171
Notes Payable	24,858	3,671
Accrued Liabilities	11,716	11,255
Other Liabilities	23,594	21,662
Bonds Payable HEFA	123,426	116,679
<i>Fund Balances</i>		
Unrestricted	39,981	23,158
Plant Fund	46,249	60,708
Special Purpose	16,880	13,356
Plant Expansion	19,167	17,334
Endowment	33,017	29,789
TOTAL FUND BALANCES	\$155,294	\$144,345
TOTAL LIABILITIES AND FUND BALANCES	\$355,894	\$309,783

OFFICERS

(Elected November 5, 1989,
effective January 1, 1990)

Chairman of the Board
Edward H. Linde

First Vice Chairman
Edward I. Rudman

Vice Chairman
Allan S. Bufferd

Vice Chairman
Alan R. Goldstein

Vice Chairman
Thomas H. Lee

Vice Chairman
Robert M. Melzer

Secretary
Stuart Zerner

Assistant Secretary
Jordan L. Golding

Assistant Secretary
Jay E. Orlin

Treasurer
Alan W. Rottenberg

Assistant Treasurer
Mone Anathan, III

Assistant Treasurer
Gerald Kraft

HONORARY TRUSTEES

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Mel A. Barkan
Alexander S. Beal
Leo M. Beckwith
Milton Berger
Joseph Bloom
Matthew Brown
Nathan Buchman
Helene Cahners-Kaplan
David Casty
Julian Cohen
Arnold R. Cutler
Marshall A. Dana

◆ Leo Dunn
Rashi Fein
Stanley H. Feldberg
Sumner L. Feldberg
J. David Fine
Frances Freedman
Orrie M. Friedman
Herman Gilman
Avram J. Goldberg
Sadie Golub
Abraham Goodman
Harriet W. Goodman
Rosalind E. Gorin
Bernard D. Grossman
Clifton E. Helman
Robert Horowitz
Leo Kahn

Leonard Kaplan
Thomas Kaplan
Arthur D. Katzenberg
Frank Kopelman
David I. Kosowsky
Eleanor Leventhal
Norman B. Leventhal
Milton L. Levy
Doris S. Lewis
Joseph M. Linsey
Henry T. Mann
Mitchell J. Marcus
Leon Margolis
Samuel Markell
George Michelson
Sonia Michelson
◆ Alfred L. Morse
Frank A. Morse
Richard P. Morse
Phillip J. Nexon
Bertram R. Paley
Viola R. Pinanski
David R. Pokross
Irving W. Rabb
Norman S. Rabb
Col. Louis I. Rosenfield
Arnold Z. Rosoff
Melvin A. Ross
Howard Rubin
William R. Sapers
Lee Scheinbart
Louis Schwartz
Lawrence R. Seder
George T. Shapiro
Samuel Shapiro
Frederic A. Sharf
Norton L. Sherman
Sidney Shuman
Wallace E. Sisson
Richard A. Smith
Eliot I. Snider
Herman Snyder
Burton Stern
Sidney Stoneman
Bertram C. Tackeff
Benjamin A. Trustman
Benjamin Ulin
Peter A. Ulin
Anna S. Ullian
Lewis H. Weinstein
Justin L. Wyner
Abraham Zaleznik
Mortimer B. Zuckerman

**HONORARY MEMBER
OF THE BOARD**

Sophie Simons

TRUSTEES

Alvin B. Allen
Mone Anathan, III
Bruce Beal
Robert L. Beal
▲ Theodore S. Berenson
George M. Berman
Martin S. Berman
▲ Stanton L. Black

▲ Paula J. Brody
▲ Allan S. Bufferd
Nancy L. Cahners
Ronald G. Casty
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